Case 24-11806-amc Doc 76 Filed 02/10/25 Entered 02/10/25 15:58:14 Desc Main AMENDED Document Page 1 of 2

Fill in this information to identify	your case:							
Lisa Marie Cano	relliere							
Debtor 1 First Name	Middle Name	Last Name		-				
Debtor 2	Middle Name	Lather		_				
(Spouse, if filing) First Name	Middle Name	Last Name						
United States Bankruptcy Court for the:	Eastern District of Pennsy	vivania						
Case number24-11806				Check if the				
,					ended filing			
					plement showing pos e as of the following	stpetition chapter 13		
Official Form 106I					D / YYYY	date.		
Schedule I: You	ır Income			IVIIVI / D	D/ 1111	40/45		
						12/15		
Be as complete and accurate as posupplying correct information. If you figure separated and your spouseparate sheet to this form. On the Part 1: Describe Employm	ou are married and not fil use is not filing with you, top of any additional pa	ing jointly, and yo do not include inf	our spo formati	ouse is living with y on about your spo	ou, include informati use. If more space is	on about your spouse. needed, attach a		
1. Fill in your employment information.		Debtor 1			Debtor 2 or non-	filing spouse		
If you have more than one job,								
attach a separate page with information about additional	Employment status	Employed			Employed			
employers.		✓ Not employ	ed		Not employed	I		
Include part-time, seasonal, or self-employed work.								
Occupation may include student or homemaker, if it applies.	Occupation							
	Employer's name							
	Employer's address	Number Street			Number Street			
		Number Street						
				_		_		
		City	State	ZIP Code	City	State ZIP Code		
	How long employed the	•	Otato	211 Gode	Oity	State Zii Odde		
	gp.o,ou							
Part 2: Give Details About	Monthly Income							
Estimate monthly income as of		n. If you have noth	ing to r	eport for any line, wr	rite \$0 in the space. In	clude your non-filing		
spouse unless you are separated If you or your non-filing spouse had below. If you need more space, a	ave more than one employe		ormatio	n for all employers fo	or that person on the li	nes		
below. If you fleed filore space, a	llacii a separale sheel lo li	iis ioiiii.						
				For Debtor 1	For Debtor 2 or non-filing spouse			
List monthly gross wages, sale deductions). If not paid monthly,			2.	¢ 0.00	•	_		
, , ,	·	•		Ψ	\$			
3. Estimate and list monthly over	time pay.		3. r	+\$	+ \$	٦		
4. Calculate gross income. Add li	ne 2 + line 3.		4.	\$ 0.00	\$			

Doc 76 Filed 02/10/25 Entered 02/10/25 15:58:14 Desc Main AMENDED

Last Name Document Page 2 of 2se number (if known) 24-11806

Debtor 1

				Deptor 1	non-filing spouse				
(Copy line 4 here	→ 4.	\$	0.00	\$				
	ist all payroll deductions:								
	5a. Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$				
	5b. Mandatory contributions for retirement plans	5b.	\$_	0.00	\$				
	5c. Voluntary contributions for retirement plans	5c.	\$_	0.00	\$				
	5d. Required repayments of retirement fund loans	5d.	\$_	0.00	\$				
	5e. Insurance	5e.	\$	0.00	\$				
	5f. Domestic support obligations	5f.	\$_	0.00	\$				
	5g. Union dues	5g.	\$_	0.00	\$				
	5h. Other deductions. Specify:	5h.	+\$	0.00	+ \$				
		· · · ·	\$	· · · · · · · · · · · · · · · · · · ·	\$				
			\$	· · · · · · · · · · · · · · · · · · ·	\$				
			\$_		\$				
6	Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$	0.00	\$				
	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	Ψ_ \$	0.00	\$ \$				
١.	Calculate total monthly take-nome pay. Subtract line of nom line 4.	7.	Ψ_		Ψ				
8.	List all other income regularly received:								
	8a. Net income from rental property and from operating a business,								
	profession, or farm								
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total		¢	0.00	C				
	monthly net income.	8a.	φ_		Φ				
	8b. Interest and dividends	8b.	\$_	0.00	\$				
	8c. Family support payments that you, a non-filing spouse, or a dependence regularly receive	ent							
	Include alimony, spousal support, child support, maintenance, divorce		\$	0.00	\$				
	settlement, and property settlement.	8c.	Ψ_	0.00	Ψ				
	8d. Unemployment compensation	8d.	\$_	2,542.00	\$				
	8e. Social Security	8e.	\$_	2,542.00	\$				
	8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance and (if known) of any non-cash assistance and (if known) of any non-cash assistance and (if	nce							
	that you receive, such as food stamps (benefits under the Supplemental	IICE							
	Nutrition Assistance Program) or housing subsidies.	Of	2	0.00	\$				
	Specify:	8f.	Ψ_		Ψ				
	8g. Pension or retirement income	8g.	\$_	0.00	\$				
	8h. Other monthly income. Specify:	8h.	+ \$_	0.00	+\$				
9.	Add all other income . Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$	2,542.00	\$	1			
						-	_		
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$_	2,542.00	\$	=	\$	2,542.0	0
	•					J	<u></u>		
	State all other regular contributions to the expenses that you list in Schellinclude contributions from an unmarried partner, members of your household.			da					
	friends or relatives.	your u	epen	denis, your roomi	mates, and other				
	Do not include any amounts already included in lines 2-10 or amounts that are	not a	vailab	le to pay expense	es listed in Schedule J.				
,	Specify: Adult son				_ 11.	+	\$	1,100.0	<u>) </u>
12.	Add the amount in the last column of line 10 to the amount in line 11. The	e resul	It is th	e combined mont	thly income.			2 642 0	
	Write that amount on the Summary of Your Assets and Liabilities and Certain	Statist	ical Ir	nformation, if it ap	plies 12.		Ψ	3,642.0	<i></i>
								nbined nthly incor	ne
13.	Do you expect an increase or decrease within the year after you file this	form?	?					-	
	✓ No. ☐ Yes. Explain:								
	LES EXDIAID								